

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service 10-18-01.
- b. The request was received on 3-22-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOBs, reaudit dated 2-1-02
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on June 27, 2002. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 7-1-02. The response from the insurance carrier was received in the Division on 7-15-02. Based on 133.307 (i) the insurance carrier's response is untimely.
3. Notice of additional information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter no date:

“(1) carrier will not pay for codes 22830 for \$1699.00 & 15734 for \$961.00 per TWCC guidelines denying them as global...(5)We believe we have complied with all rules & procedures required for Services [sic] rendered and should be paid accordingly.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 10-18-01.
2. The carrier has denied the disputed charges as reflected on the EOB as, “G – Unbundling /Reimbursement based on or included in the basic allowance of the appropriate procedure.”

Reaudit dated 2-1-02; “Based on the documentation contained in the medical records, we are unable to recommend additional reimbursement for services provided. The re-evaluation of this claim was based on the following: Code 22830, 15734 Exploration is included in the fusion unless it is performed at an interspace where a fusion is not performed. A fat graft is included in the surgical procedure.”

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
10-18-01	22830	\$3,500.00	\$-0-	G	\$3,338.00 - (\$1,669.00 after reduction pursuant to the multiple procedure rule.)	Global Service Data for Orthopaedic Surgery (1994 edition); MFG; Surgery Ground Rules (I) (D) CPT Descriptors	The Carrier has denied the disputed service as “G”. Pursuant to the 1994 Global Service Data book, the CPT Code in dispute is not global to the primary code or any other code billed on the date in dispute. Therefore, reimbursement is recommended in the amount of \$1,669.00 after reduction pursuant to the multiple procedure rule.
10-18-01	15734	\$2,000.00	\$-0-	G	\$1,922.00 - (\$961.00 after reduction pursuant to the multiple procedure rule.)	Global Service Data for Orthopaedic Surgery (1994 edition); MFG; Surgery Ground Rules (I) (D) CPT Descriptors	The Carrier has denied the disputed service as “G”. Pursuant to the 1994 Global Service Data book, the CPT Code in dispute is not global to the primary code or any other code billed on the date in dispute. Therefore, reimbursement is recommended in the amount of \$961.00 after reduction pursuant to the multiple procedure rule.
Totals		\$5,500.00	\$-0-				The Requestor is entitled to reimbursement in the amount of \$2,630.00

The above Findings and Decision are hereby issued this 18th day of September 2002.

Lesia Lenart, RN
Medical Dispute Resolution Officer
Medical Review Division

LL/II

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$2,630.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 18th day of September 2002.

Carolyn Ollar, B.A., RN
Medical Dispute Resolution Officer
Medical Review Division

CO/ll